## EMPLOYMENT DISCRIMINATION AND/OR HARASSMENT COMPLAINT FORM



Name				
Home Phone Number:	Home Addre	SS:		
( ) -				
Work Phone Number:	City, State &	Zip		
( ) -				
If you are a current City employee:				
Supervisor's Name:	Department	& Division:		
Reason(s) for Unlawful Treatment:				
☐ Race ☐ National 0	Origin	☐ Age	Religion	☐ Other
☐ Sex ☐ Disability		☐ Color	☐ Retaliation	
Briefly describe the nature of y and/or harassment has affected specify the date(s) of the incident attach additional pages.	your employm	ent with the C	ity of Tempe. Wher	e possible,
The City of Tempe will not tolerate employment discrimination or harassment based upon an employee's or applicant's race, color, national origin, sex, religion, disability or age (City of Tempe Rules & Regulations, Rule 4, Section 409). An employee or applicant asserting a good faith employment discrimination or harassment complaint and/or participating in an investigation of such a complaint will be protected from retaliation or discipline. Any employee found guilty of retaliation will be disciplined, up to and including termination.				
Signature:			Date:	